Name in Full: Susan E. Ames

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Near Pocomoke City — County: Worcester

Date of death 190 4 — Month: May — Day: 25 — Age: Years 78 — Months — Days

Sex: Female — Color or Race: White — Birthplace: Va

Occupation: — — Where Residing if not at place of death: —

Married, Single or Widowed: Widow — Name of Wife or Husband: Richard H. Ames

Father's Name: — — Father's Birthplace: Va

Mother's Maiden Name: — — Mother's Birthplace: Va

Name of person giving Imformation: B. Le Cato — How related to deceased: Grandchild

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Senile decay — How long: 6 months

Immediate: Exhaustion — How long: 5 days

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J. J. Wilson, M. D.

Address: Pocomoke City

Accident or Suicide?

LIBRARY BUREAU A88818

Name in Full: Sarah Aydelott

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Pocomoke city — County: Worcester

Date of death: 1904 — Month: May — Day: 24 — Years: Age 30 — Months — Days

Sex: Female — Color or Race: Colored — Birthplace: Worcester Co

Occupation: Housework — Where Residing if not at place of death: near Pocomoke City

Married, Single or Widowed: Married — Name of Husband: Hartley Aydelott

Father's Name: Washington Wheatley — Father's Birthplace: Worcester Co

Mother's Maiden Name: Judy Peters — Mother's Birthplace: " "

Name of person giving Information: Hartley Wheatley — How related to deceased: Husband

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Child birth - Dropsy — How long: 10 days

Immediate: Heart Disease — How long: "

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Wm. L. Lewis

Address: Pocomoke City Md

Accident or Suicide?

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LIBRARY BUREAU A88610

Name in Full

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at (Town) Pocomoke City — (County)

Date of death 1904 — Month: May — Day: 18 — Age: Years: — Months: — Days: 4

Sex: Male — Color or Race: Black — Birthplace: Pocomoke

Occupation: [illegible] — Where Residing if not at place of death:

Married, Single or Widowed: — — Name of Wife or Husband:

Father's Name: Hartley A. Dolott — Father's Birthplace: Md

Mother's Maiden Name: Sarah A. Dolott — Mother's Birthplace: Md

Name of person giving information: Lora Stump — How related to deceased: none

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Hemorrhage — How long: 85

Immediate: — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: L. J. O. Tarr

Address: [redacted]

Accident or Suicide?

LIBRARY BUREAU A88016

Name in Full: Adeline Ayres

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Berlin; County: Worcester

Date of death: Month: 5; Day: 23; 1904

Age: Years: 51; Months: —; Days: —

Sex: Female; Color or Race: Blk; Birthplace: Worcester

Occupation: Housewife; Where residing if not at place of death: —

Married, Single or Widowed: Married; Name of Wife or Husband: Eme Ayres

Father's Name: —; Father's Birthplace: —

Mother's Maiden Name: —; Mother's Birthplace: —

Name of person giving information: Thos Powell; How related to deceased: None

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Asthenia; How long: Some time

Immediate: —; How long: —

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Had None

Address: [redacted]

Accident or Suicide?

LIBRARY BUREAU A38818

Name in Full: Huldia Bevans

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Near Snowhill — County: Worcester

Date of death: 1904 — Month: May — Day: 17 — Age: Years: 40 — Months — Days

Sex: Female — Color or Race: Colored — Birthplace: Md

Occupation: house wife — Where Residing if not at place of death: Md

Married, Single or Widowed: Married — Name of Wife or Husband: Charlie Bevans

Father's Name: Isaac Beckett — Father's Birthplace: Md

Mother's Maiden Name: Margaret Beckett — Mother's Birthplace: Md

Name of person giving information: Chas Bevans — How related to deceased: Husband

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Consumption — How long: 6 months

Immediate: H. Hemorrhage — How long: 2 months

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Dr Paul Jones

Address: Snowhill Maryland

Accident or Suicide? County

LIBRARY BUREAU A66616

Name in Full: Eva Boston

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Pocomoke City; County: Worcester

Date of death: Month: May; Day: 14; 1904

Age: Years: 23; Months; Days

Sex: Female; Color or Race: Colored; Birthplace: Somerset Co. Md

Occupation: Domestic; Where Residing if not at place of death:

Married, Single or Widowed: Single; Name of Wife or Husband:

Father's Name: Edward Boston; Father's Birthplace: —

Mother's Maiden Name: Lizzie Muniel; Mother's Birthplace: —

Name of person giving Imformation: Robert Hallowell; How related to deceased: Home

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Unknown; How long:

Immediate: Peritonitis; How long: Two days

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: R Lee Hall

Address: Pocomoke City Md

Accident or Suicide?

LIBRARY BUREAU A88016

Name in Full: Adaline Briddle

CERTIFICATE OF DEATH

MARYLAND

Town: Berlin

County: Worcester

Date of death: Month: May Day: 13 1904

Age: Years: 50 Months: Days:

Sex: Female

Color or Race: Negro

Birthplace:

Occupation: House wife

Where Residing if not at place of death:

Married, ~~Widowed~~: wife

Name of ~~Wife~~ Husband: Irving Briddle

Father's Name: Hanson Mann

Father's Birthplace: Md

Mother's Maiden Name: Nancy Bonner

Mother's Birthplace: Md

Name of person giving information: Mrs Lucille

How related to deceased: Husband

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary:

How long:

Immediate: Cerebral Apoplexy

How long: 3 days

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: C. W. Davidson

Address: Berlin Md

Accident or Suicide?

LIBRARY BUREAU A66516

Name in Full: Josephine Briddell

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Berlin — County: Worcester

Date of death: Month: 5 — Day: 11 — 1904 — Age: Years: 16 — Months: — — Days: —

Sex: Female — Color or Race: Blk — Birthplace: Worcester

Occupation: — — Where Residing if not at place of death: —

Single: Single — Name of Wife or Husband: —

Father's Name: Jacob Briddell — Father's Birthplace: Worcester

Mother's Maiden Name: Mary — Mother's Birthplace: "

Name of person giving information: Jacob Briddell — How related to deceased: Daughter

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Consumption — How long: 1 Yr

Immediate: " — How long: "

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: [illegible]

Address: [illegible]

Accident or Suicide?

PHYSICIAN OR CORONER

LIBRARY BUREAU A88516

Name in Full: Harriet Gillett

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Bromoke city — County: Worcester

Date of death: 1904 — Month: May — Day: 30 — Years: 68 — Months — Days

Sex: Female — Color or Race: Colored — Birthplace: Bromoke City

Occupation: Housewife — Where Residing if not at place of death: Bromoke city

Married, Single or Widowed: Widow — Name of Wife or Husband: Robt J Gillett

Father's Name: Levin Henry — Father's Birthplace: Worcester Co

Mother's Maiden Name: Nancy — Mother's Birthplace: " "

Name of person giving Information: Jno E Gillett — How related to deceased: Son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Heart disease — How long: Several years

Immediate: asthma — How long: " "

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Jas L Lewis

Address: Bromoke City

Accident or Suicide?

LIBRARY BUREAU A88618

Name in Full: Julia Henry

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Near Berlin — County: Worcester

Date of death: Month: May — Day: 27 — 1904

Age: Years: 32 — Months — Days

Sex: Female — Color or Race: Black — Birthplace: Near Berlin

Occupation: House maid — Where Residing if not at place of death: —

Married, Single or Widowed: Single — Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Thos. Henry — Father's Birthplace: Berlin

Mother's Maiden Name: Sylvia Davis — Mother's Birthplace: Berlin

Name of person giving Information: Levin Richardson — How related to deceased: Mom

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Senna Cola — How long

Immediate: Phthisis Pulmonalis — How long: 1 Year

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Grace Pitts

Address: Berlin, Maryland

Accident or ~~Suicide~~?

LIBRARY BUREAU A88918

Name in Full: William Harrison

CERTIFICATE OF DEATH

MARYLAND

Died at: St Martins Neck (Town) — Worcester (County)

Date of death: 1904 May 4 — Age: 24 Years — Months — Days

Sex: Male — Color or Race: White — Birthplace: Maryland

Occupation: Merchant — Where Residing if not at place of death: At Home

Married, Single or Widowed: Single — Name of Wife or Husband:

Father's Name: William Handday Harrison — Father's Birthplace: Maryland

Mother's Maiden Name: Nancy — Mother's Birthplace: Maryland

Name of person giving Information: James Phillips — How related to deceased: None

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Typhoid Pneumonia — How long: 9 Days

Immediate: Do — How long: 9 Days

Are the name, age, sex, color, date and place correctly given above? JP

Signature of Physician: R P Collins

Address: Bishopsville Md

By Mayor

Accident or Suicide? Bishopsville md

LIBRARY BUREAU A68610

Name in Full: Serveger Hormon

CERTIFICATE OF DEATH

MARYLAND

Died at (Town) near Snowhill (County)

Date of death: Month May, Day 17, 1904 — Age: Years 25, Months —, Days —

Sex: Female — Color or Race: Colored. — Birthplace: Maryland

Occupation: House Wife — Where Residing if not at place of death: Maryland

Married, Single or Widowed: Married — Name of ~~Wife or~~ Husband: Noah Hormon

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Caleb Towsend — Father's Birthplace: Maryland

Mother's Maiden Name: Sarah Towsend — Mother's Birthplace: Maryland

Name of person giving information: Noah Hormon — How related to deceased: Husband

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Consumption — How long: 12 months

Immediate: — How long: 3 weeks.

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician: Dr. Paul Jones.

Address: Snowhill

Accident or Suicide? County — Worcester — Maryland

LIBRARY BUREAU A66616

Name in Full: Marion James

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Pocomoke City — County: Worcester

TO BE ANSWERED BY NEAREST FRIEND

Date of death: 1904 — Month: May — Day: 5 — Age: Years 20 — Months 1 — Days 24

Sex: Male — Color or Race: Colored — Birthplace: Pocomoke City

Occupation: Laborer — Where Residing if not at place of death: Pocomoke City

Married, Single or Widowed: Single — Name of Wife or Husband: —

Father's Name: Levin James — Father's Birthplace: Worcester Co

Mother's Maiden Name: Cordelia Hutchens — Mother's Birthplace: " "

Name of person giving Information: Jno E O Long — How related to deceased: Cousin

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Phthisis Pulmonalis — How long: 3 Months

Immediate: Exhaustion — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: [signature]

Address: Pocomoke City Md

Accident or Suicide?

LIBRARY BUREAU A66816

Name in Full: Mary E. J. Johnson

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Mar Brownsville; County: Worcester

Date of death 1904: Month: May; Day: 3.; Age: Years: 30; Months: —; Days: —

Sex: Female; Color or Race: colored; Birthplace: Worcester

Occupation: housewife; Where Residing if not at place of death: Md

Married, Single or Widowed: Married; Name of Wife or Husband: Samuel H. Johnson

Father's Name: Isaac Holland; Father's Birthplace: Worcester

Mother's Maiden Name: Harriett Holland; Mother's Birthplace: Worcester

Name of person giving information: Sydny Hayward; How related to deceased: None

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: consumption; How long: 2 years.

Immediate: T. Hemorrhage; How long: 3. months

Are the name, age, sex, color, date and place correctly given above?

Worcester

Accident or Suicide? County

Signature of Physician: Dr. Hydette

Address: Snowhill Maryland

LIBRARY BUREAU A66616

Name in Full: Joseph Pyle Malley

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Bishopsville — County: Worcester

Date of death: Month: May — Day: 8 — 1904

Age: Years: 55 — Months — Days

Sex: Male — Color or Race: White — Birthplace: Maryland

Occupation: Miller — Where Residing if not at place of death: at Home

Married, Single or Widowed: single — Name of Wife or Husband: None

Father's Name: Don't Know — Father's Birthplace: Maryland

Mother's Maiden Name: Don't Know — Mother's Birthplace:

Name of person giving Imformation: Dr R P Collins — How related to deceased: None

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Pneumonia — How long: 10 days

Immediate: " — How long: "

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: R P Collins

Address: Bishopsville

Accident or Suicide? No

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LIBRARY BUREAU A86618

Name in Full: George Kelley

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Centerville; County: Queen Anne's

Date of death: Month: May; Day: 5; 1904

Age: Years: 5 1/3; Months; Days

Sex: [illegible]; Color or Race: white; Birthplace

Occupation: nothing; Where Residing if not at place of death

Married, Single or Widowed: Single; Name of Wife or Husband

Father's Name: Henry P Kelley; Father's Birthplace

Mother's Maiden Name: Charlotte Tatem; Mother's Birthplace

Name of person giving Information: H P Kelley; How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Typhoid Pneumonia; How long

Immediate; How long

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: D. P. Collins

Address: Centerville Md

Accident or Suicide?

Paul C Pennington C P

LIBRARY BUREAU

Name in Full: George Lewis

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Near Bishopsville — County: Worcester

Date of death: 1904 — Month: May — Day: 5 — Age: Years: 13 — Months — Days

Sex: Male — Color or Race: White — Birthplace: Maryland

Occupation: Work on Farm — Where Residing if not at place of death: At Home

Married, Single or Widowed: Single — Name of Wife or Husband: None

Father's Name: George Lewis — Father's Birthplace: Maryland

Mother's Maiden Name: Sarah Gullen — Mother's Birthplace: Maryland

Name of person giving Imformation: Jesse Phillips — How related to deceased: None

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Typhoid Fever — How long: 21 days

Immediate: — How long: " "

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: R P Collins

Address: By Bishopsville Md

Accident or Suicide?

LIBRARY BUREAU

Name in Full: Margret Melain

CERTIFICATE OF DEATH

MARYLAND

Died at: Mash Town: Layfayette Hill County: Worcester

Date of death: 1904 Month: May Day: 13 Age: Years: 77 Months: — Days: —

Sex: Female Color or Race: White Birthplace: Maryland

Occupation: — Where Residing if not at place of death:

~~Married, Single~~ or Widowed: — Name of Wife or Husband:

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Philip Hudson Father's Birthplace: —

Mother's Maiden Name: Margret Hudson Mother's Birthplace: Maryland

Name of person giving Imformation: Edwards Melain How related to deceased: Son

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: No Doctor How long:

Immediate: How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: C W Evans & Son

Address: Churchville Md

Accident or Suicide?

LIBRARY BUREAU A8881S

Name in Full: John L Rock

CERTIFICATE OF DEATH

MARYLAND

Town: Snow Hill

County: Worcester

Died: In or Out

Date of death 190 4: Month: May; Day: 21 th

Age: Years: 80; Months: 5; Days: 2

Sex: Male

Color or Race: White

Birthplace: Md

Married, Single or Widowed: ~~Sallie M Rock~~

Occupation:

Name of Wife or ~~Husband~~: Sallie M Rock

TO BE ANSWERED BY NEAREST FRIEND

Father's Name:

Father's Birthplace:

Mother's Maiden Name:

Mother's Birthplace:

Name of person giving information: W. J. Rock

How related to deceased: Son

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: old age

How long:

Immediate: Heart disease

How long: Several weeks

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Paul Jones

Address: Snow Hill Md

Accident or Suicide?

LIBRARY BUREAU

Name in Full: Jennie Quillin

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Mar Berlin — County: Worcester

Date of death: Month: Oct — Day: 21 — Year: 1904 — Age: Years: 43 — Months — Days

TO BE ANSWERED BY NEAREST FRIEND

Sex: female — Color or Race: White — Birthplace: Delaware

Occupation: House wife — Where Residing if not at place of death:

Married, Single or Widowed: Married — Name of Wife or Husband: S M Quillin

Father's Name: John B L R Carey — Father's Birthplace: Delaware

Mother's Maiden Name: — Mother's Birthplace:

Name of person giving Information: John D Quillin — How related to deceased: Step Son

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Carcinoma of Stomach — How long: One year

Immediate: Hemorrhage & Exhaustion — How long: 6 hours.

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: J P Henry

Address: Berlin Md

Accident or Suicide?

LIBRARY BUREAU A68816

Name in Full: Harriett Richardson

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Snow Hill — County: Worcester

Date of death 1904 — Month: May — Day: 21 — Age — Years: 80 — Months: 9 — Days: 21

Sex: Female — Color or Race: colored. — Birthplace: Md.

Occupation: — Where Residing if not at place of death: Md

Married, Single or Widowed: Married — Name of Wife or Husband: James H. Richardson

Father's Name: Jacob Selby — Father's Birthplace: Md

Mother's Maiden Name: unknown — Mother's Birthplace: unknown

Name of person giving Information: James H. Richardson — How related to deceased: Husband

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Old Age — How long: 12 months

Immediate: Kidney Complaint — How long: 6 weeks.

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Dr. Wm. D. Straughn

Address: Snow Hill Maryland.

Accident or Suicide? County

LIBRARY BUREAU A38310

Name in Full: Amand Ruark

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Near Whites Burg — County: Worcester

Date of death 1904 — Month: May — Day: 14 — Age — Years: 5.2 — Months — Days

Sex: Female — Color or Race: White — Birthplace: Worcester Co

Occupation — Where Residing if not at place of death

Married, Single or Widowed: Married — Name of Wife or Husband: Amanda Ruark

Father's Name: Dan'l Rum — Father's Birthplace: Dont Know

Mother's Maiden Name: Dan'l Rum — Mother's Birthplace: Dont-Know

Name of person giving In formation: Samuel T Dyden — How related to deceased: Brother-in-law

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Consumption — How long: 4 Months

Immediate: Et Consumption — How long: 2 "

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Rowe Dyden

Address: Princess Anne Md

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: James H Selby

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Snow Hill; County: Worcester

Date of death 1904: Month: May; Day: 9

Age: Years: 72; Months: 4; Days:

TO BE ANSWERED BY NEAREST FRIEND

Sex: male; Color or Race: white; Birthplace: Md

Occupation: none; Where Residing if not at place of death:

Married, Single or Widowed: married; Name of Wife or ~~Husband~~: Willie A. Selby

Father's Name: ——; Father's Birthplace: ——

Mother's Maiden Name: ——; Mother's Birthplace: ——

Name of person giving Information: Thos. P. Selby; How related to deceased: Son

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: ; How long:

Immediate: Diarrhoea; How long: 3 or 4 weeks

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Paul Jones

Address: Snow Hill Md

Accident or Suicide?

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LIBRARY BUREAU A66616

Name in Full: Harry Smack

CERTIFICATE OF DEATH

MARYLAND

Died in (Town) Near Berlin — County

Date of death: Month 5 — Day 21 — Year 1904 — Age: Years 57 — Months — Days

Sex: Male — Color or Race: negro — Birthplace: Worcester

Occupation: Hostler — Where Residing if not at place of death: —

Married, Single or Widowed: Married — Name of Wife or Husband: Mag

Father's Name: — — Father's Birthplace

Mother's Maiden Name: — — Mother's Birthplace

Name of person giving information: James Fassett — How related to deceased: None

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Chronic Kidney disease — How long: Several years

Immediate: Apoplexy & effusion — How long: 24 hours

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Geo. Dirickson

Address: Berlin Md

Accident or Suicide?

LIBRARY BUREAU A88816

Full

George Stephens

CERTIFICATE OF DEATH

MARYLAND

Died at Town: Stockton County: Worcester

Date of death 1904: Month 5 Day 1

Age: Years 63 Months Days

Sex: Male Color or Race: Black Birthplace: Md.

Married, Single or Widowed: married Occupation: Labour

Name of Wife or Husband: Mary Stephens

Father's Name: William Stephens Father's Birthplace: Md

Mother's Maiden Name: Hubby Do not know Mother's Birthplace: Md

Name of person giving In formation: Amos Allen How related to deceased: no relation

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Dilatation of Heart How long: About one year

Immediate: Exhaustion How long: About 4 weeks

Are the name, age, sex, color, date and place correctly given above? I think so

Signature of Physician: C H Bunting M.D.

Address: Gladstone Md.

Worcester Co.

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full — Certificate of Death

Mrs. Annie Williams

Died at Town: Kleigrange — County: Worcester — MARYLAND

Date 1904 — Month 5 · Day 2 — Age Y. 32 M. 2 D. 0 — Native of md. — Occupation Housewife

~~Male~~ / Female — White / ~~Colored~~ — Married / ~~Single~~ / ~~Widow~~ / ~~Widower~~ / ~~Divorced~~ — Number of children living 3

~~Husband~~ / Wife of John W Williams

Father's Name — Mother's Maiden Name

Cause of Death — Primary: Dropsy. — How long sick 4 Month

Immediate: Child Birth

Accident, Suicide, Homicide

Reported by Mrs. F. Hillman

Address R.F.D. #3 Snow Hill Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 7c8984

Name in [redacted] Certificate of Death

Died at Town: Ply Grange County: Prince [illegible] MARYLAND

Date 1954 Month: 5 Day: 2 Age Y. M. D.: 0 0 1 Native of: Md Occupation: —

Male / ~~Female~~ — White / ~~Colored~~ — ~~Married~~ / Single — ~~Widow~~ / ~~Widower~~ — Divorced / Number of children living

~~Husband~~ / ~~Wife~~ of Infant "S"

Father's Name: Dr Williams Mother's Maiden Name: Annie McCann

Cause of Death — Primary: Born-Dead — How long sick: 0

Immediate — Accident, Suicide, Homicide

Reported by: Frank Smith

Address: Swan Hill Md R.F.D #3.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79868